

Mental Health Hospital Readmissions Among Clients of San Diego County Mental Health Services

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In Partnership with
San Diego County Adult and
Older Adult Mental Health Ser-

PREVENTING UNNECESSARY HOSPITAL READMISSIONS

Preventing unnecessary hospital readmissions offers an opportunity to improve health care quality while reducing costs. This analysis provides an estimate of the percent of San Diego County Mental Health Services clients who are readmitted to a mental health inpatient facility within 30 days of discharge. It also identifies predictors of readmission and estimates the percent of clients readmitted within 30 days who had an outpatient visit in between their discharge and subsequent readmission.

READMISSIONS IN MEDICARE AND MEDICAID

The recent article by Steven Jencks and colleagues in the New England Journal of Medicine showed that approximately 20% of Medicare beneficiaries are readmitted to a hospital within thirty days of hospital discharge.¹

Similar work by researchers at UCSD has shown that approximately 16% of disabled Medicaid beneficiaries are readmitted to a hospital within thirty days of hospital discharge.² In both studies, 50% of the patients who were readmitted did not see a physi-

cian in between the discharge and readmission.

Some of the highest rates of readmissions occurred among persons who were discharged with chronic conditions such as heart disease, asthma, schizophrenia, and substance use disorder.

The readmission rate was 18% among Medicaid beneficiaries in California, 25% among Medicaid beneficiaries with schizophrenia in California, and 23% among Medicaid beneficiaries with schizophrenia in San Diego County.

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IDENTIFYING TARGETS OF OPPORTUNITY

Data from San Diego County's Management Information System (MIS) was used to determine:

- ***30 day readmission rates among clients receiving inpatient mental health services***
- ***Probabilities of readmission related to diagnosis, presence of comorbid substance use disorder, and living situation***
- ***Percent of readmitted clients who had outpatient visits in between hospital discharge and subsequent readmission***

READMISSIONS IN SAN DIEGO COUNTY

This study found that 24.3% of clients were readmitted to an inpatient mental health facility within 30 days of discharge. Statistically significant predictors of hospitalization included mental health diagnosis, presence of comorbid substance use disorder, and living situation.

Clients with schizophrenia, substance use disorder, and who were living in board and cares or were institutionalized, were more likely to be readmitted to the hospital than other clients. Among clients readmitted within 30 days, only 35% had an outpatient visit in between discharge and readmission.

24.3% of clients were readmitted to an inpatient mental health facility within 30 days of discharge.

This analysis highlights the need for targeted action to reduce avoidable readmissions. The fact that fewer than half of those who are readmitted within 30 days have not had an outpatient visit in the interim suggests that individuals are not receiving needed care following their initial discharge, and thus points to an actionable opportunity for intervention.

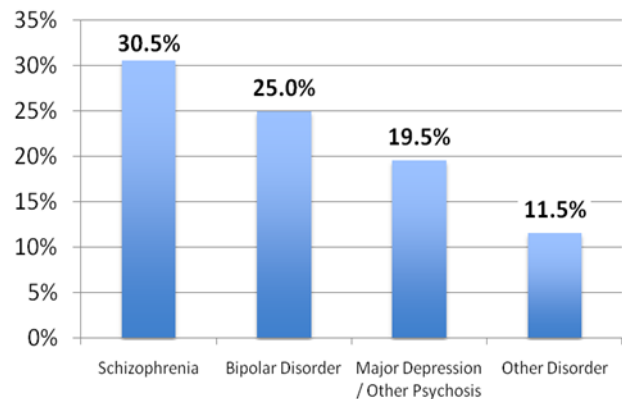
Programs, payment policies, and pilot initiatives should encourage collaboration and shared accountability between hospitals and physicians, as well as the adoption and promotion of evidence-based models of

¹Jencks S, Williams M, Coleman E. Rehospitalizations among patients in the Medicare fee-for-service program. *NEJM*. 360:1418-28.

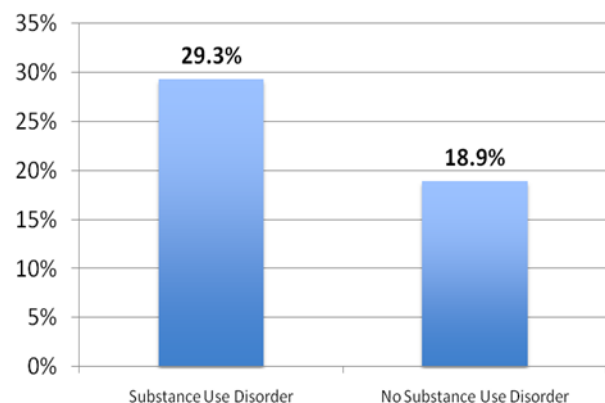
²Gilmer T. Analysis of Hospital Readmissions among Medicaid Beneficiaries with Disabilities: Identifying Targets of Opportunity. Report, 2010.



Mental Health Diagnosis as a Predictor of Readmission



Comorbid Substance Use Disorder as a Predictor of Readmission



Living Situation as a Predictor of Readmission

